

Monthly Gross Revenue Report

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed MONTHLY, NOT LATER THAN THE 24<sup>th</sup> DAY OF THE MONTH, covering the preceding calendar month.

For Gaming operations during the month of:  
Filing Deadline:

Account No., Name, Address, Zip Code

For Office Use Only

Please correct if in error

Check Number

Batch Number

Entry Date

1. GROSS REVENUE before adjustments [from NGC-31]\$

2. ADJUSTMENTS:

A. Cage credit issued\$

B. Collections in areas other than the pit

C. Net of return checks

D. NET ADJUSTMENTS [Line 2A + 2B +/- 2C]

3. LOSS CARRY-OVER: fromReg. 6.110(7)[not to exceed Line 1 + Line 2D]

4. GROSS REVENUE \$ [Line 1 +/- Line 2 – Line 3]\$

5. LICENSE FEE COMPUTATION: NRS 463.370(1)

A. 3.5% of the first \$50,000 on line 4\$

B. 4.5% of the next \$84,000 on line 4

C. 6.75% of the remainder of line 4

6. ESTIMATED FEE DUE BASED ON GROSS REVENUE [Line 5A + 5B + 5C]\$

7. ESTIMATED FEE ADJUSTMENT NRS 463.370(5)(b)

A. Current month's actual FEE DUE [Line 6]\$

B. Est. payment on ( )

C. Estimated Fee Adjustment [Line 7A – 7B]

8. SUBTOTAL [Line 6 +/- Line 7C]

9. CREDIT from PRIOR PERIOD [not to exceed Line 8]

Total CREDIT available

10. SUBTOTAL [Line 8 – Line 9]

11. ADVANCE ESTIMATED PAYMENT NRS 463.370(3) [THREE (3) times the amount on Line 6]

Note: Applies only to the first FULL month of operation for a NEW LICENSEE

12. TOTAL DUE BEFORE PENALTY [Line 10 + Line 11]

13. PENALTY FOR LATE PAYMENT: NRS 463.270(5)

A. Fewer than 10 days late: 25% of line 12 but not less than \$50 or more than \$1000.\$

B. Ten or more days late: 25% of line 12, but not less than \$50 or more than \$5,000.

PENALTY DUE [Line 13A or Line 13B]

14. TOTAL AMOUNT DUE: [Line 12 + Line 13]\$

15. TOTAL REMITTANCE Check Number:\$

Please make remittance payable to the Nevada Gaming Commission and return to  
State Gaming Control Board, Tax and License Division, P.O. Box 8004, Carson City, NV 89702-8004

I, , certify and declare under the penalties of perjury that I am the  
 of the business named above; that this is a true, correct and complete report  
(Owner, Partner, President, Treasurer, Other-describe)  
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and  
consent of all other individuals licensed.

Dated Signed  
Person to contact regarding this report: Name: Phone:

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS